

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044080-
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 1 9 1962

XC-21 778 933

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MISSOURILength of stay in 1b
150 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VAH, 915 N. GRAND AVE.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

c. CITY
OR
TOWN ST. LOUISInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 4186 DELMAR BLVD.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
AMEROSE CLEVELAND4. DATE
OF
DEATH 11/6/62

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/16/95

9. AGE (last birthday)

67

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WAITER

10b. KIND OF BUSINESS OR INDUSTRY

CORONADO HOTEL

11. BIRTHPLACE (City and state or country)

RUSTIN, LOUISIANA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HENRY CLEVELAND

13b. MOTHER'S MAIDEN NAME

ANNE LANG

14. NAME OF HUSBAND OR WIFE

ETHEL CLEVELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-II

17. INFORMANT Address

ETHEL CLEVELAND (WIDOW) SEE #2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EMBOLISM

INTERVAL BETWEEN
ONSET AND DEATH

ATRIAL FIBRILLATION

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

ARTERIOSCLEROTIC AND/OR LUETIC HEART DISEASE

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1. MULTIPLE MYELOMA 2. PNEUMONITIS

0'2 3.X.H

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from 6/29/62 to 11/6/62 and last saw him alive on 11/6/62
Death occurred at 8:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE SAMUEL W. HARDY (free or title)

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

11/6/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

11/13/62

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Missouri

24. FUNERAL DIRECTOR

ADDRESS

C.W.Roberts Und.Co 1416 N.Taylor Ave.

25. DATE RECD. BY LOCAL REG.

NOV 8 1962

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/591
2 2/9
3
4 2
5 1
6
7 1
8 1
9
10
11
12 83-0
13

83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

M. Claude Gasdon

Licensed Embalmer No. 3489

P. O. Address

1122 N. Fayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.